COUNTY SHERIFF’S OFFICE

REGISTRATION FORM

REASON:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INITIAL REGISTRATION | | | | ADDRESS UPDATE | | | | | | | | | INFORMATION UPDATE | | | | | |
| TRANSIENT | | | | SCHOOL/WORK UPDATE | | | | | | | | | MOVING OUT OF COUNTY | | | | | |
| Full name of registrant: | | | | | | | | | | | | | | | | | | |
| Last | First | | | | | | | | | | | Middle | | | | | | |
| SID#: | | | Social Security #: | | | | | | | | | DOC#: | | | | | | |
| FBI#: | | | Driver’s License/ID#: | | | | | | | | | Passport#: | | | | | | |
| DOB: | Sex: | | | | Race: | | | | Height: | | | Weight: | | | Hair: | | | Eyes: |
| Place of birth: | | | | | | | | Aliases used: | | | | | | | | | | |
| Conviction: | | | | | | | County/state: | | | | | | | | Date: | | | |
| Last registered address: | | | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | CITY: | | | | STATE: | | | ZIP: | |
| New address: | | | | | | | | | |  | | | |  | | |  | |
| Street: | | | | | | | | | | CITY: | | | | STATE: | | | ZIP: | |
| Phone Number: | | | | | | | | | | Cell  Home Message | | | | | | | | |
| Emergency Contact Name: | | | | | | | | | | Phone Number: | | | | | | | | |
| Mode of transportation:  Public transportation  Rely on friends/family  Own my own vehicle | | | | | | | | | | | | | | | | | | |
| Vehicle info: | | | | | | | | | | | | | | | | | | |
| Year: | | Make: | | | | Model: | | | | | Color: | | | | | License Plate: | | |
| I am enrolled in school School Name: | | | | | | | | | | | | | | | | | | |
| School Address: | | | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | CITY: | | | | STATE: | | | ZIP: | |
| I am employed Name of company: | | | | | | | | | | | | | | | | | | |
| Work Address: | | | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | CITY: | | | | STATE: | | | ZIP: | |

Offender’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registering Officer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| STAFF USE ONLY |
| Identity Verified  Want/Warrants Checked – Cleared  Yes  No – If no, arrested-Yes  No  RMS Updated  Offender Watch Updated  Fingerprints taken  Photo Taken  DNA on file with WSP  Yes  No -  DNA Collected |
| Notes: |
|  |